

P 0700006482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

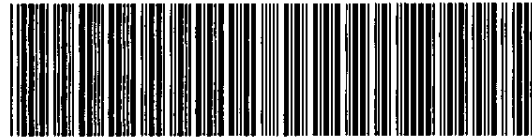
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 DEC 2 AM 9:24

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: kmm services corp

(Name of Corporation)

DOCUMENT NUMBER: P07000061482

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Silva, Zirkleber  $\Rightarrow$  4221 LONGHORN DR  $\Rightarrow$  my currently Address  
SARASOTA FL 34233  
(Name of Person)

KMM SERVICES CORP

(Name of Firm/Company)

~~2111 VINSON AV.~~  
~~SARASOTA FL 34232~~  
(Address)

sarasota fl ~~34232~~ 2111 VINSON AV.  $\Rightarrow$  Company Address  
SARASOTA FL 34232  
(City/State and Zip Code)

For further information concerning this matter, please call:

Zirkleber Silva at ( 941 ) 8223298  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**  
Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

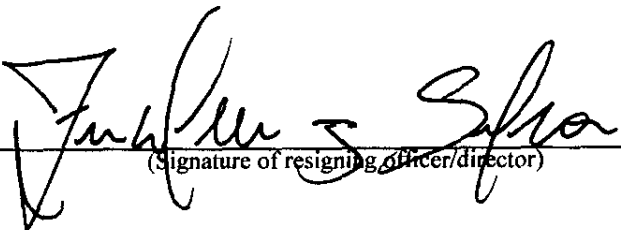
**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, zirkleber silva, hereby resign as O  
(Title)

of KMM SERVICES CORP.  
(Name of Corporation)

P07000061482, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
DEC - 2 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA